REMARKS

Applicants have carefully reviewed the Office Action mailed October 17, 2006, prior to preparing this response. Currently claims 1-32 are pending in the application, wherein claims 1-32 have been rejected. Claims 1, 12, 22, 31 and 32 have been amended and claims 33-36 have been added with this paper. No new matter has been added with these amendments. Favorable consideration of the above amendments and following remarks is respectfully requested.

Information Disclosure Statement

As an initial matter, in the Office Action it was stated that the information disclosure statement filed on December 8, 2004 was not fully considered because the Applicant did not provide a legible copy of each document listed. Specifically, it appears as though the Examiner has not considered Document No. DE 2821048 listed in the IDS. A new copy of the identified document, including an English language Abstract, is included with a Supplementary IDS submitted concurrently herewith. Consideration of the document is respectfully requested.

Objections to the Specification

The disclosure is objected to for apparent informalities identified in the Office Action. In view of this objection, appropriate corrections to the specification have been submitted with this paper.

Claim Rejections

Claims 1, 3-12, 14-22 and 24-32 stand rejected under 35 U.S.C. §102(b) as being anticipated by Daniel et al., U.S. Patent No. 6,171,327. Applicants respectfully traverse this rejection.

Claim 1 recites:

> A medical device, comprising:
>
> an elongated tubular member having a proximal segment, a distal segment, and an inner lumen disposed at least partially therethrough; and
>
> a dilator tip insertable at least in part within the distal segment;

wherein the dilator tip has an outer diameter and the distal segment of the elongated tubular member has an inner diameter smaller than the outer diameter of the dilator tip;

wherein the dilator tip is positioned at least in part within the distal segment of the elongated tubular member such that the distal segment expands around a portion of the dilator tip.

(emphasis added).

Applicants assert Daniel seems to fail to teach at least the emphasized limitations of claim 1. In formulating the rejection, attention was directed to FIG. 22 of Daniel. However, with regard to FIG. 22, Daniel states that when the friction ledge 282 engages the catheter 250 "[t]he pushing force on catheter 250 is increased until friction ledge 282 deforms allowing insert 272 to move proximally in housing 252." Daniel, at column 9, lines 21-23 (emphasis added). Thus, it is apparent that Daniel teaches that the interaction between the catheter 250 and the friction ledge 282 causes the friction ledge 282 to deform. In other words, Daniel suggests the friction ledge is radially compressed within the catheter 250. At no point does Daniel seem to suggest that the catheter expands around the insert 272.

For at least the reasons stated above, claim 1, as well as claims 3-11 which depend from claim 1 and add significant additional limitations, is believed allowable over Daniel. Withdrawal of the rejection is respectfully requested.

Claim 12 recites:

A medical device, comprising:

an elongated tubular member having a proximal segment, a distal segment, and an inner lumen disposed at least partially therethrough, *the distal segment including at least a portion including a braid, the distal segment configured to radially expand between an unexpanded state and a radially expanded state*; and

a dilator tip inserted at least in part within the portion of the distal segment including the braid, *wherein the dilator tip urges the distal segment of the elongated tubular member into the radially expanded state.*

(emphasis added).

Applicants assert Daniel seems to fail to teach at least the emphasized limitations of claim 12. In formulating the rejection, attention was directed to FIG. 22 of Daniel. However, with regard to FIG. 22, Daniel states that when the friction ledge 282 engages the catheter 250 "[t]he pushing force on catheter 250 is increased until friction ledge 282 deforms allowing insert 272 to move proximally in housing 252." Daniel, at column 9, lines 21-23 (emphasis added). Thus, it is apparent that Daniel teaches that the interaction between the catheter 250 and the friction ledge 282 causes the friction ledge 282 to deform. In other words, Daniel suggests the friction ledge is radially compressed within the catheter 250. At no point does Daniel seem to suggest that the catheter 250 is configured to radially expand, or that the insert 272 urges the distal housing 252 of the catheter 250 into a radially expanded state.

For at least the reasons stated above, claim 12, as well as claims 14-21 which depend from claim 12 and add significant additional limitations, is believed allowable over Daniel. Withdrawal of the rejection is respectfully requested.

Claim 22 recites:

> A medical device, comprising:
>
> an elongated tubular member having a proximal segment, a distal segment, and an inner lumen disposed at least partially therethrough, the distal segment having an inner diameter; and
>
> a dilator tip insertable at least in part within the distal segment, the dilator tip having a proximal section having an outer diameter greater than the inner diameter of the distal segment of the elongated tubular member forming an interference fit therebetween, a distal section, and an inner lumen disposed therethrough;
>
> *wherein the interference fit between the dilator tip and the distal segment of the elongated tubular member causes the distal segment of the elongated tubular member to be radially expanded.*

(emphasis added).

Applicants assert Daniel seems to fail to teach at least the emphasized limitations of claim 22. In formulating the rejection, attention was directed to FIG. 22 of Daniel. However, with regard to FIG. 22, Daniel states that when the friction ledge 282 engages the catheter 250 "[t]he pushing force on catheter 250 is increased until friction ledge 282 deforms allowing insert 272 to move proximally in housing 252." Daniel, at column 9, lines 21-23 (emphasis added). Thus, it is apparent that Daniel teaches that the interaction between the catheter 250 and the friction ledge 282 causes the friction ledge 282 to deform. In other words, Daniel suggests the friction ledge is radially compressed within the catheter 250. At no point does Daniel seem to suggest that the insert 272 causes the distal housing 252 of the catheter 250 to be radially expanded.

For at least the reasons stated above, claim 22, as well as claims 24-30 which depend from claim 22 and add significant additional limitations, is believed allowable over Daniel. Withdrawal of the rejection is respectfully requested.

Claim 31 recites:

> A system for retrieving an intravascular device disposed within a body lumen, comprising:
>
> an embolic protection filter disposed about an elongated wire;
>
> a retrieval device *configured to radially expand* and encompass the intravascular filter therein, said retrieval device comprising an elongated tubular member having a proximal segment, a distal segment, and an inner lumen adapted to slidably receive the elongated wire; and
>
> a dilator tip insertable at least in part within the distal segment *urging the distal segment of the elongated tubular member to radially expand*, said dilator tip configured to engage a stop disposed about the elongated wire.

(emphasis added).

Applicants assert Daniel seems to fail to teach at least the emphasized limitations of claim 31. In formulating the rejection, attention was directed to FIG. 22 of Daniel. However, with regard to FIG. 22, Daniel states that when the friction ledge 282 engages the catheter 250 "[t]he pushing force on catheter 250 is increased until friction ledge 282

deforms allowing insert 272 to move proximally in housing 252." Daniel, at column 9, lines 21-23 (emphasis added). Thus, it is apparent that Daniel teaches that the interaction between the catheter 250 and the friction ledge 282 causes the friction ledge 282 to deform. In other words, Daniel suggests the friction ledge is radially compressed within the catheter 250. At no point does Daniel seem to suggest that the catheter 250 is configured to radially expand, or that the insert 272 urges the distal housing 252 of the catheter 250 to radially expand.

For at least the reasons stated above, claim 31 is believed allowable over Daniel. Withdrawal of the rejection is respectfully requested.

Claim 32 recites:

> A system for retrieving an intravascular device disposed within a body lumen, comprising:
>
> an embolic protection filter disposed about an elongated wire;
>
> a retrieval device configured to radially expand and encompass the intravascular filter therein, said retrieval device comprising an elongated tubular member having a proximal segment, a distal segment, and an inner lumen adapted to slidably receive the elongated wire; and
>
> a dilator tip insertable at least in part within the distal segment, the dilator tip including a proximal section configured to tightly fit within the distal segment, a distal section configured to engage a stop disposed about the elongated wire, and an inner lumen disposed therethrough configured to slidably receive the elongated wire;
>
> *wherein the proximal section of the dilator tip has an outer diameter and the distal segment of the elongated tubular member has an inner diameter smaller than the outer diameter of the dilator tip;*
>
> *wherein the dilator tip is positioned at least in part within the distal segment of the elongated tubular member such that the distal segment expands around the proximal section of the dilator tip.*

(emphasis added).

Applicants assert Daniel seems to fail to teach at least the emphasized limitations of claim 32. In formulating the rejection, attention was directed to FIG. 22 of Daniel. However, with regard to FIG. 22, Daniel states that when the friction ledge 282 engages the catheter 250 "[t]he pushing force on catheter 250 is increased until friction ledge 282 deforms allowing insert 272 to move proximally in housing 252." Daniel, at column 9, lines 21-23 (emphasis added). Thus, it is apparent that Daniel teaches that the interaction between the catheter 250 and the friction ledge 282 causes the friction ledge 282 to deform. In other words, Daniel suggests the friction ledge is radially compressed within the catheter 250. At no point does Daniel seem to suggest that the catheter 250 expands around the insert 272.

For at least the reasons stated above, claim 32 is believed allowable over Daniel. Withdrawal of the rejection is respectfully requested.

Claims 2, 13 and 23 stand rejection under 35 U.S.C. §103(a) as being unpatentable over Daniel et al., U.S. Patent No. 6,171,327, in view of Hilsson, U.S. Patent No. 5,873,851. Applicants respectfully traverse this rejection.

As described above, Daniel seems to fail to teach each and every limitation of claims 1, 12 and 22. Hilsson fails to remedy the shortcomings of Daniel. At least because the combination fails to teach each and every limitation of the rejected claims, claims 2, 13 and 23, which depend from one of claims 1, 12 and 22, and include significant additional limitations, are believed to be patentable over the cited combination. Withdrawal of the rejection is respectfully requested.

Reexamination and reconsideration are respectfully requested. It is submitted that all pending claims are currently in condition for allowance. Issuance of a Notice of Allowance in due course is anticipated. If a telephone conference might be of assistance, please contact the undersigned attorney at 612.677.9050.

Respectfully submitted,

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By their Attorney,

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